

1. REPORT NUMBER: (see para 7 of USACC Policy Memo # 9)
2. TODAY'S DATE:
3. REPORT TYPE: (INITIAL or FOLLOW-UP):
4. FINAL: (Yes/No)
5. REPORTING REGION/UNIT:
6. TYPE OF INCIDENT (from last column of enclosure 1)  
(Alleged Abuse / Accident / Administrative / Crime / Disciplinary Action / Injury / Heat Injury / Illness / Property / Alleged Sexual Assault / Alleged Sexual Harassment / Alleged Suicide Attempt / Suicide Behavior / Weapon)
  - a. ALCOHOL INVOLVED: (Yes/No)
  - b. DRUGS INVOLVED: (Yes/No)
  - c. VEHICLE INVOLVED (Yes/No) GOVERNMENT VEHICLE (Yes/No)
7. NAME(S) OF INDIVIDUAL(S)/STUDENTS/CADETS INVOLVED:  
Note: do not list victim(s) name use cadet x or cadre member x.
8. WAS INDIVIDUAL(S) DEPLOYED IN LAST YEAR? Y/N
9. SCHOOL OR ORGANIZATION ASSIGNED TO: (if JROTC list name of school, city, and state)
10. PERSONNEL CATEGORY: (Ensure this is filled out: ie. Active Military, USAR, USNG, DA Civilian, Contractor, Cadet, JROTC SAI, JROTC AI, Early Commissioning Program (ECP) LT)
11. CADET STATUS: (SROTC: MSI, MSII, MSIII, MSIV; Scholarship / Nonscholarship; JROTC)
12. DATE INCIDENT OCCURRED:
13. DATE REPORTED TO HQs CADET COMMAND:
14. LOCATION OF INCIDENT:
15. SUMMARY OF INCIDENT: (Include original in follow-up reports – highlight new info)
16. DISPOSITION OF INDIVIDUAL(S):
17. ACTION TAKEN:
  - a. WHAT FOLLOW-UP ACTIONS ARE REQUIRED?
  - b. WHAT CC HQ ASSISTANCE IS NEEDED?
  - c. ANTICIPATED TIME OF NEXT REPORT?
18. IN THE EVENT OF DEATH:
  - a. WAS NEXT OF KIN NOTIFIED? Y/N
    - (1) NAME:
    - (2) RELATIONSHIP:
    - (3) ADDRESS:
    - (4) PHONE NUMBER:
  - b. TRAFFIC FATALITY ONLY: Y/N SEAT BELTS WORN: Y/N ALCOHOL INVOLVED: Y/N
19. POINT OF CONTACT: (NAME OF PERSON COMPLETING THIS REPORT, PHONE NUMBER AND E-MAIL ADDRESS)

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